DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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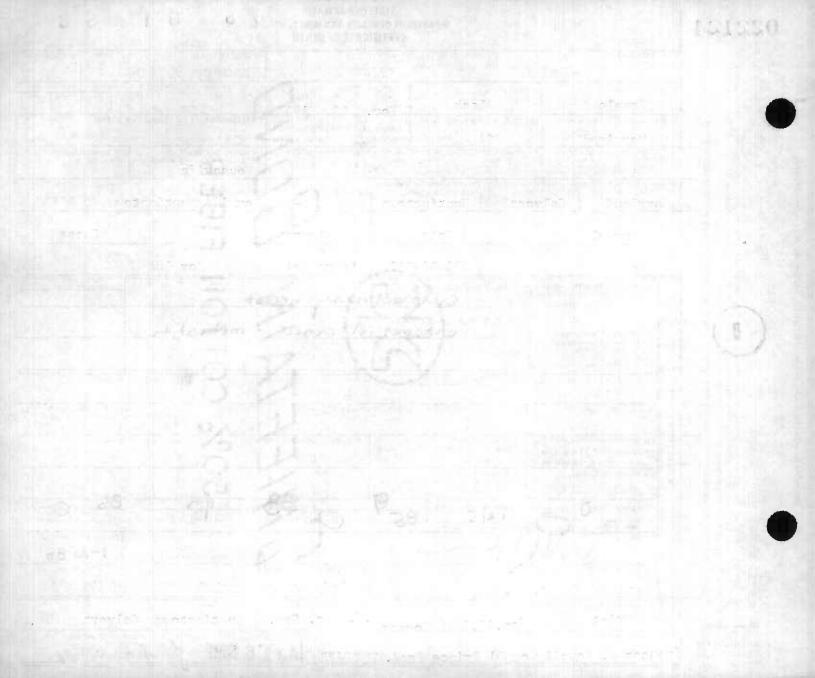
	1 -	FOR STATE REGISTRAR			DEPARTM		EALTH AND M			<b>U</b> (	1	5	8
		CEASED NAME	FIRST	N	AIDDLE	ı	AST		2a. DATE OF DEA	тн момтн	DAY	YEAR	2b HOUR
	live	OR PRINT)	Hel	en		A	LSTON		January	y 9, 1	986	231	10:30
ī	3. SEX	X		4. RACE		5 DATE C			6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER	DAYS	IF UNDER 24 HRS
	2	Female		B1	ack	NOW		1927	R	58 YRS		DAYS	HOURS MIN.
1		RTHPLACE (STATE OF F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MA		9 BALTIMORE C			ATH	
		Maryland		USA		WIDOWE	D. DIV	ORCED	Calve	ert			MD
1		nce Freder		(IF NOT IN SUCI	OSPITAL, NURSING HEACILITY, GIVE STREET A	ADDRESS)		NOITUI	12a USUAL OCCU	JPATION AOST OF WORKING		KIND OF USTRY	F BUSINESS OR
2	USUA 13a S	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		A 121 IN COMP. CUT	V 11			25		
1		aryland		vert	Hunting		13d. INSIDE CIT	10 K	Box 10A			.MD	20639
1		THER'S NAME		WIDDLE			15. MOTHER'S	MAIDEN NA	AME		5		
1		Muriel		WIDDLE	Heigh		-	aura	MID	DLE		Chast	ase
		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECUR	RITY NO.	17 INFORMAN	IT	A	DDRESS	E. Jan		
	(1	No No	(IF YES, GIV	E WAR OR DATES)	213-30-	7178	Laura	Heigh	h I	Box 10A			
		18 CAUSE OF DEATH	H (Enter on	ly one cause per	line far (a), (b), and	fresi					36	APPROXIMETWEEN O	MATE INTERVAL
		PART I. DEATH W		D BY: E CAUSE (a)	Croso	Pul	mony	gro	+65	77			
		OF THE OWNER.		DUE TO, OR	AS A CONSEQUE	NCE QF							
		Conditions, if ony,		(b)	endo.	metr	ich cy	ncu	- meta	54+1			
		cause (a), statin	g the	DUE TO, OF	AS A CONSEQUE	NCE OF							
		underlying cause		( (c)									
-	NO	PART 2. OTHER SIGN	VIFICANT C	CONDITIONS <u>CC</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TER/	MINAL DISEASE OR	CONDITION	IVEN IN P	'ART lia	
1	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY		ES, WERE		IGS USED OF DEATH?
0	TIF								YES NO		YES	AUSES	NO [
1		210 ACCIDENT WAS UND	-	1 216 TIME OF	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJU	JRY OCCUR	RRED (ENTER NATURE C	F INJURY IN ITEM 1	3 PART I OR P	PART 2)	
	CAL	(IF EITHER NOTIFY MEDIC	CALEXAMINER		А.	19	11/10/2019	1994	341121-X	136			
	MEDICAL	21d. INJURY OCCURR		21e. PLACE C	OF INJURY BET FACTORY, OFFICE FA	ARM, ETC )	211 LOCATION	1	CITY	ORTOWN	COU	YTA	STATE
	~	AT WORK AT WOR	ıι Ε					-00			0		
		220.1 certify that				7		19	D., 10	7	. 19 0		har (I) (we) last
		sow the decease above (1)(we)(d	lid (did no	view the bady	after death.	-		our) apinian	death occurred on	the date and h			
		22b. SIGNATURE	DIS	NIK			DEGREE AT	TENDING	MEDICAL	STAFF	220	DATES	
		22d. PHYSICIAN'S NA	ME (TYPE O	V V V			PH 22e ADDRESS	YSICIAN	MEDICAL PI	HYSICIAN [		1-/	0-86
								ogo E	rodorial	MD	20	678	
-	230 0	Ronald			1 22. Al	IAME OF C	EMETERY OR CR		rederic		20	0/0	
	230. B	SPECIF Burial	REMOVAL	ZJB DATE	1006 N		.M. Chr		CITY OF TO		Calv	rert	MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

Spencer E. Sewell Box 31 Prince Fred.MD 20678



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038122	1-	FOR STATE REGISTRAR		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.								
1		22.102.0 1.11112	FIRST		AIDDLE	L.	AST	20 DATE OF DEATH	MONTH	DAY	YE AR	26 HOUR A
o 250	TYPE	OR PRINT)	L	eila ,	Mae	Bou	en	No. Barrier	1	30	86	3:30 M
moy pod er d	3. SE			RACE	200 (2)	S. DATE C		6. AGE (IN YEARS LAST BIR	RTHDAY)	IF UI	NDER I YEAR	IF UNDER 24 HRS
ge 4 lor off	Fe	male	1	White		Nov	10, 1893	92	YR	S.	HS DAYS	HOURS MIN.
eath. Pa	70. BI	RTHPLACE (STATE OR FOR COUNTRY)  ryland		CITIZEN OF	WHAT COUNT	RY? 8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY C	OR COU	NTY OF	TY OF DEATH	
offer of		ty or town of DEATH		HE NOT IN SUC	HOSPITAL, NUI	RSING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSE WIFE HOME Maker				
4 hours	USU/ 130. S	AL RESIDENCE (IF NURSING	SHOME OF OTH	ER INSTITUTION	GIVE RESIDENCE BE	OWN	13d INSIDE CITY LIMITS?	13 STREET ADDRESS		ODE	20678	100
un 2		ryland	Calve	rt	rr. Pre	ederick	YES NO A		02 7	, ,	20070	
mplate grad 2		niel Rawlir	MIDE 1gs	DIE	ŁAST		Mamie Simmor				LA	ST
ecut		AS DECEASED EVER IN	U.S. ARMEI		166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDR				
Po e ex	NC		N/A	AR OR DATES	220-31	4-9196	Guy L. Bower	n, Same as	# 13	3 A-I	E	
certificate t ing physicia bon papers r removal.		18 CAUSE OF DEATH PART I. DEATH WAS	Enter only of CAUSED B	Y: :AUSE (0)	Circli	opolm	my arrest				APPROX BETWEEN	CIMATE INTERVAL ONSET AND DEATH
death ce attendin nave corb ation, or i		Conditions, if any, v		DUE TO, OI	r as a conse	SHOKU		ST. St.				
d by the leose remoid, cremo		couse (a), stating underlying couse	the 1	DUE TO, OI	r as a conse	QUENCE OF						
quires t signed hen ple to burio	NO	PART 2 OTHER SIGNIF	ICANT CON	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION	GIVEN	IN PART 1	0
law re	CERTIFICATION	190 DATE OF OPERATIO	N	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		RTIFYIN		NGS USED S OF DEATH?
C 0 - 0 0	ERT	21a ACCIDENT WAS UNDER	IVING [7]	21b. TIME O	E INTUIDY		21c. HOW INJURY OCCURR	YES NO		YES [		NO []
Phys Phys Pifico Ol Hy n 18		OR CONTRIBUTING CAL	JSE OF DEATH		M. MONTH	DAY YEAR	THE HOW INJURY OCCURR	CED (ENTER NATURE OF INJU	JRY IN ITEM	TR PART	OR PART 2)	
NG PHYSIC ottending ther this certos the buria th and Ment than darked or Iter	MEDICAL	21d INJURY OCCURRED		21e PLACE	OF INJURY EET, FACTORY, OFF	ICE FARM ETC )	21f LOCATION STREET	CITY OR TO	NWO		COUNTY	STATE
TENDIN ritol ar IOR: Afi or use a or use a or use a		220.1 certify that (1) sow the deceased above, (1) (ye) (dia				/ /	id that (n (my) (our) apinion o	death occurred an the d	ote and	hour on	d from the	that (li) we) lost
RECI RECI red f		22b. SIGNATURE	(did not) vi	iew the body	ofter death.		DEGREE				22c.(DATE	SIGNED
by the by the ERAL DI CERAL DI CERAL DI CE e detoch Store De ANT: If It		V			Roges	III. Pa	The state of the s	MEDICAL STA			113	186
HOSE suned FUN Suld b		22d. PHYSICIAN'S NAM	L (TYPE OR PR		Collect	Medical A	22e ADDRESS					
5 g 5 g x x	23a E	URIAL, CREMATION, RE	MOVAL I	3b. DATE		NAME OF C	EMETERY OR CREMATORY	13d LOCATION				
BP		specify) arial		2-1-19	286	Wasta	Comotom	Prince Fr	and c-		YINU	STATE
DHMH - 16 60M 7/84			Donald		orgward	t	Cemetery 25 DAT	REC'D. BY REGISTRAR	25b. RE	SISTRAR	SSIGNA	TURE
(VRA 15, 4)	Rt	. 264, Box	34B	Port R	epubli	c, Mary	land 20676	4 7 7 1200 C	- water			6

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DHMH - 16 60M 7/84 (VRA 15, 4)

Rausch Funeral Home Owings Md.

JAN 1 3 1986 Julia Dujdon-Rojdek

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A THE RESIDENCE OF THE PROPERTY OF THE PERSON OF THE PERSO				

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR				Territa or burning		REG. N	10.		
3		CEASED NAME FIRST	N	AIDOLE		AST	20 DATE OF	DEATH	MONTH	DAY YEAR	2b. HOUR
		Virginia		ackey		COSTER	Janua	- 4		1986	9:52 <sup>P</sup> <sub>M</sub>
Н	3. SE)	<b>K</b>	4 RACE		5. DATE C		6. AGE IN YE	ARS LAST B	IRTHDAY)	MONTHS DAYS	HOURS MIN.
		male	White	3-5		iary°15, 1916	70		YRS		
g	7a. BII	RTHPLACE (STATE OF FOREIGN	16 CITIZEN OF V	WHAT COUN	TRY? 8	D A NEVER MARRIED	9 BALTIMOI	RE CITY	OR COUNT	Y OF DEATH	
	No	rth Carolina	U.S.A.		WIDOWE	DIVORCED	Calv	ert	Cour	nty	MD.
2	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL C				OF BUSINESS OR
		ince Frederi	ck Cal	lvert	Memori	ial Hospita				U.S.	Gov. t
L	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	ITY	13c. CITY OR		134 INSIDE CITY LIMITS?	13g STREET A	DORESS	ZIP COL	Er. 206	
И		ryland Calv	ert	Lusby		YES NO A		50,	Lake.	Dr. 206	57
2	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		WIDDLE		LA	
2	Jo	seph Lackey				Bertha Bolio	ck				
		VAS DECEASED EVER IN U.S. AR		166 SOCIAL	SECURITY NO.	17 INFORMANT	3500	ADD			200,415
	No		A WAR OR DATES)	579-0	3-1331	John F. Cost	ter, Sa	me a	s #13	A-E	
		18 CAUSE OF DEATH (Enter on	ly ane cause per	line far (a), (b	o, and (c.)					BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY E CAUSE (a)	Card	ispuen	ronces Ar	rest				100000
Ξ		WWW.EDW.	CEPTON IN	AS A CONS	EOUENCE OF	0	And in				
		Canditians, if any, which	( 1b)		vsire	myscardial	onfa	riti	on		
		gave rise to immediate cause (a), stating the	DUE TO, OR	AS A CONS	EQUENCE OF		U		-		
		underlying cause last.	(c)	13.5	1392						II so that
	,	PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE	ORCO	NDITION G	IVEN IN PART 1	0
	CERTIFICATION						SUL				
S	OA	190 DATE OF OPERATION	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTO	PSY?	20b. IF YI	S, WERE FINDI	OF DEATH?
/	1						YES 🗌	NO		ES 🗍	NO 🗌
P		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	1 21b. TIME OF	FINJURY M. MONTH	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NAT	URE OF INJ	URY IN ITEM 18	PART 1 OR PART 2)	
0	CAL	JIF EITHER NOTIFY MEDICAL EXAMINER	171		19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE C		FICE FARM, ETC.)	211 LOCATION		CITY OF I	OWN	COUNTY	STATE
	×	AT WORK AT WORK	TAT HOME, SIKE	EET PACTORY, OF	FICE PARM, ETC.)	31862					31.41
		22a I certify that (1) this haspi			am Ju	ly 19 12	_ to Ju	ww	y 20	19 86	tha (II) (we) last
	1	saw the deceased alive an above (1) we) (did) (did na	View the bady		19	nd that in (m) (aur) apınıan	death accurred	on the	date and ha	ur and Iram the	causes stated
ы		226 SIGNATURE	3/			DEGREE				22c DATE	SIGNED
		priail.	Hon	us "	UI)	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [	STA PHYSI		11-:	21-86
		22d PHYSICIAN'S NAME (TYPE O	RPRINTI			22e ADDRESS					
		Ronald Thom	as, M.I	D.		Lusby, Mary	yland	206	57		
		SPECIFY)				EMETERY OR CREMATORY	23d LOCA		~ 3	1 COUNTY	3 31415
		SPECIFY)	1-23-1	1986	Mt. Oli	vet Ch. Cem.	Oliv	et,	Calve	rt, Wary	land""

DHMH - 16 60M 7/84

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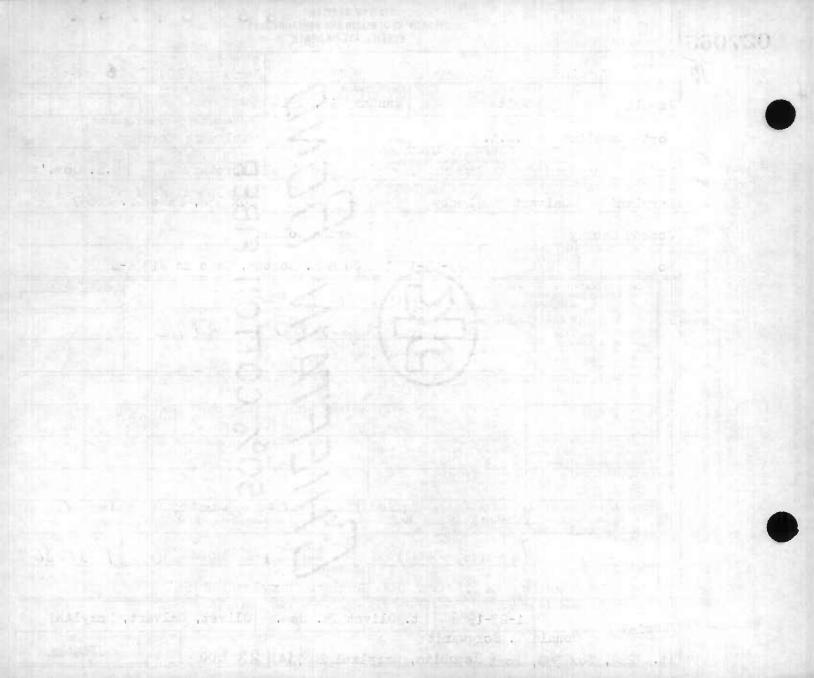
24 FUNERAL DIRECTOR (VRA 15, 4) #264

Donald V. Borgwardt

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Box 34B, Port Republic, Maryland 20674AN

while Devidson-Randale.



BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

CARROLL STREET N. W.

6014039

FOR STATE REGISTRAR

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6 0 1	3
OLE .	Deutsch	20 DATE OF DEATH MONTH	/01/s
	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF U

YEAR 2h HOUR

		DR.	Henry	/		De	eutsch				01/0	1/86	10.0	)5A <sub>M</sub>
1	3. SEX	MALE		WHITE		S. DATE C MONTH	DAY	YEAR 1924	61	YEARS LAST BIRTH	YRS	MONTHS DAYS	IF UNDER	24 HRS MIN.
	C	ONUSTRIA		76. CITIZEN OF		MARRIEI		VORCED [	Calve	rt coul	VTY			MD.
1	Pri	nce Frede	rick	Calvert	Memor	ial Hosp		TITUTION	DOCI	OCCUPATION OF OR	WORKING L	IFE) INDUSTRY DENT	ISTR	
6	13a S	TATE MARYLAND	132 AZY		DRAYDE		13d INSIDE C	NO 🗌	Ches	ADDRESS /			0630	-
0	14 FA	JACOB		MIDDLE	DEUTSC	СН	HIL		ME	MIDDLE		PRÉÏ	S	
1		VAS DECEASED EVER		MED FORCES?  Trand	166 SOCIALS	2-1429	17 INFORMA	GIE DEU	TSCH,	CHERR		LD ROAD		
7		18 CAUSE OF DEA PART I. DEATH V	WAS CAUSE	ily one couse per D BY: [E CAUSE 10]	CARD	OPULA	TONAR	ARR.	EST			APPROXI BETWEEN C	MATE INTEI	DEATH_
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF CASTRO INTEST WAS BLEEDING OF CONSEQUENCE OF												
	N <sub>O</sub>	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO						SE OR COND	ITION GI	VEN IN PART TIE		
1	CERTIFICATION	190 DATE OF OPERA	NOITA	19b. COND	ITION FOR WH	TICH OPERATIO	N WAS PERFO	DRMED	YES X		IN CERT	ES, WERE FINDIN IFYING CAUSES ES		TH?
7		210. ACCIDENT WAS UP OR CONTRIBUTING [	CAUSE OF DE	NIH.	M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTERN	ATURE OF INJURY	IN ITEM 18	PART I OR PART 2)		4
B	MEDICAL	21d INJURY OCCUI	WHILE [	21e. PLACE	OF INJURY REET FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET			CITY OR TOW	/N	COUNTY	ę	STATE
		22a.l certify that ( sow the decea above, (1) (we)	sed alive or	11.	1	(2)	.3/ nd that in (my)	(our) opinion o	death occurr	ed on the do	te and ha	us and from the	that (I) (	
í		27b. SIGNATURE	-/1	War	agel	15		ATTENDING PHYSICIAN	MEDICAL	STAFI		22c DATE	1-8	0
		John Wei				/	BO	X 262	CPRI	wet ,	REE	DERICK	-	2)
	23a. B	URIAL, CREMATION	, REMOVAL	23b. DATE 1/3/1		231. NAME OF C		CEMETE		DELPHI	OF	INGENTY		AND
		VALOD M. TOST						250 DAT	AN 7	1986	Sb. REGIS	LIANT SIGNAT		rdelle.

WASHINGTON D. C

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AND 25/15/10	Serting F				
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(VRA 15, 4)

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.		
	EASED NAME	FIRST		WIDDLE	L	AST	2a DATE OF DEA	TH MONTH	DAY YEAR	2b. HOUR
		Richa	ard		H	HAMILTON	January	7 30,	1986	6:48 <sup>A</sup>
3. SE	X		4 RACE		5. DATE C		6 AGE (IN YEARS L	AST BIRTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	6.33	White		706	- 13 - 1913	72	YRS	MONTHS DAYS	HOURS MIN.
7a B	RTHPLACE ISTATE OR F. COUNTRY)	OREIGN		WHAT COUNTRY?	8 MARRIE	DEKNEVER MARRIED	9 BALTIMORE C		ITY OF DEATH	
					WIDOWE			lvert		MD
	ince Frede					Hospital	Toolmake	AOST OF WORKING	GUFE) INDUSTRY	Gov't.
13a	AL RESIDENCE (IF NURSI STATE Id.	136 COUN	TY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN St. Leona	N	134 INSIDE CITY LIMITS?	P.O. BOX	ESS / ZIP CC	685	
14. F/	ATHER'S NAME			1.457	219	15 MOTHER'S MAIDEN NA		0.5		
A	rthur R. Hamilt					Mary FRST	Catherine Hohmann			in
	WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17 INFORMANT	A	DDRESS		
1	YES NO OR UNKNOWN)	THE SELVI	A OR DATES)	577-32-44	482	Winnifred J.	Hamilton	, Same	as 13a-	13e
	Conditions, if any, gave rise to imm cause (a), stating underlying cause	which nediate g the	16)		NCE OF	nyocando andire ny Ante	An	rst		
NOI	PART 2 OTHER SIGN	ILIFICANT C	ONDITIONS CO		EAJH BUT	NOT RELATED TO THE TERM		CONDITION	GIVEN IN PART 11	a
CERTIFICATION	190 DATE OF OPERAT	10N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY	IN CER	YES, WERE FINDING CAUSES YES []	
	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING	AUSE OF DEA	114	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM	18 PART I OR PART 2)	
MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY REET FACTORY, OFFICE FA	ARM ETC }	211 LOCATION STREET	CIN	ORTOWN	COUNTY	STATE
	27a   certify that (l) saw the decease above, (l) (we) (d	d alive an		19		nd that in (my) (our) opinian	, to death occurred an	the date and h		that (1) (we) lost couses stated
	226. SIGNATURE		, the body	1 //		DEGREE			224 DATE	SIGNED

226. SIGNATURE

M.D.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

1/30/86

Mahesh Shah, M.D.

Prince Frederick, Maryland 20678

23a BURIAL, CREMATION, REMOVAL BUTTIAL BP.

FOR

038123

136. DATE 02-03-86

230 NAME OF CEMETERY OR CREMATORY
Our Lady Star of Sea

Solomons, Calverty Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Donald V. Borgwardt Rt. 264, Box 34B, Port Republic, Maryland 20676

250 DATE REC D. BY REGISTRAN 25% REGISTRAN'S SIGNATURE

1303	54	1-	FOR STATE REGISTRAR			DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		O REG. NO.	1 / 6	1
.3.	A		CEASED NAME	FIRST	1	MIDDLE	L	AST	20 DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
S S S	100	(1112	On reliail	Jess	е	L	H	ARRISON	Janua	ry 8,	1986	1:02Am
0 7	-1150	3 SE	X		4 RACE		5. DATE C		6 AGE (IN YEAR	S LAST BIRTHDAY	MONTHS DA	
ector rs of		M	ale		Caucasi	an	Jan.	29, 1913	72	Y	'RS	TS MOURS MIN
hou	2/1	7a. BI	RTHPLACE (STATE OF	FORE IGN		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE		UNTY OF DEATH	
n 72	4/	100	shington D	.C.	U.S.A		WIDOWE		Calv	ert		MD.
with:	26		TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN		R OTHER INSTITUTION	126 USUAL OC			OF BUSINESS OR
by th	To !	Pri	nce Freder	rick		t Memoria		spital		r Inspe		.C. Govt.
d in	206		AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET AD			
fille	E	Ma	ryland	Calv	ert	Sunderla	nd	YES NO 🗌	Rt. #4	Box 5	20689	
etely 12 sl	Je Ll	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N		MIDDLE		LAST
ouo (	20	Da	vid	H	. H	arrison		Lillian		E.	Sanfo	rd
nd co	dicol		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
S. Po	E a	Ye		WWI		579-03-9	541-A	Virginia M	. Humphr	ies Sa		
iysicie Laper Dval.	th.		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE				Shock /	Condrae	Arres	-	S-20 M
4 b eos	ir office from Spine		Conditions, if ony, gove rise to improve couse (o), stotin underlying couse	nediote ig the	(b)_1	DAS A CONSEQUE	HCE OF	tronoug Arter	1		7	year
signe len pl	uny.	z	PART 2 OTHER SIGN				^	NOT RELATED TO THE TER	1.4		/ / /	110 1
has been permit. The	lui sous iul	IFICATION	19a DATE OF OPERA			THE PRINCE		N WAS PERFORMED	200 AUTOPS	206	IF YES, WERE FIN ERTIFYING CAUS	DINGS USED SES OF DEATH?
ig physicic certificate rial-transit	ltem 18 sh	CAL CERTIFI	21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCU	-			
frer this os the but	orked or	MEDICAL	21d. INJURY OCCUR!	THE	21e PLACE (	OF INJURY REET, FACTORY OFFICE F	ARM, ETC ]	211 LOCATION STREET		ITY OR TOWN	COUNTY	STATE
CTOR. A for use of Health	n 21 is mo		sow the decease above, w(we) (c	ed olive on	1	18 19	86 . or	d that in (aur) apinio	to to	on the date and	d hour and from t	he couses stated
RAL DIRE	NT: # He		226. SIGNATURE	ald	Ster	ner			MEDICAL DIRECTOR	STAFF PHYSICIAN		8/86
O FUNE	WPORTA		Gerald		terner	, M.D.		Owings,	Marylan	d	20736	

23a BURIAL, CREMATION, REMOVAL (SPECIFY) COUNTY CITY OR TOWN BP. Ft. Lincoln Cemetery Colmar Manor P.G. Md.

256 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Md. 20735

JAN 9 1986 Buria ] RAME AND THE PART OF THE PART DHMH - 16 60M 7/84 JAN (VRA 15, 4)

TO SHOULD STORY STORY 170519 The second control of the second control of

Bennett O. HUGHES    A FACE	36081	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTA REGISTRAR CERTIFICATE OF DEATH	LHYGRAE 6 0 1 / 6 8
76. BIRTHPLACE (STATE OBTORISON DE COUNTY ON COUNTRY) MICHIGAN  10. CITY OR TOWN OF DEATH  110. CITY OR TOWN OF DEATH  1110. COUNTRY  1110. CITY OR TOWN OF DEATH  1110. CITY	E STAN	Bennett O. HUGHES  SEX. 4 RACE S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  NONTHS DAYS HOURS MIN.
130 STATE   130 COUNTY   131 COUNTY   132 STATE   130 INSIDE CITY LIMITS?   133 INSIDE CITY LIMITS?   134 STREET, ADDRESS   719 CODE   135 NOTHER'S MAIDEN NAME   135 NOTHER'S MAIDEN	Annual dist	Michigan  U.S.A.  WIDOWED  DMORCEI  CITY OR TOWN OF DEATH  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIO  Prince Frederick  Calvert  Memorial Hosp:	9 BALTIMORE CITY OR COUNTY OF DEATH Calvert MD. 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  19a DATE OF OPERATION  19b CONDITION FOR WHICH OPERATION WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOUR A.M. MONTH DAY YEAR	Pages, and Should	FATHER'S NAME FIRST  NODE  MADDLE  MIDDLE  MADDLE  MADDLE  LAST  LAST  Sarah Ma  WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OF UNKNOWN)  LIF YES, ONE WAR OR DATES)	N NAME MIDDLE LAST  ADDRESS
OR CONTRIBUTING TO CAUSE OF DEATH I HOUR A.M. MONTH DAY YEAR I	m pleas burdi.	PART 1. DEATH WAS CAUSE OF SY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THI	
216 INJURY OCCURRED  WHILE AT WORK OR AT WORK  216 PLACE OF INJURY  LAT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION  STREET  CITY OR TOWN	or attending physican After this certificate his been on the bound-transit permit fills and Mental Property prior facted on tien. Its shows any in	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHIE AT WORK NOTIFY ALL WORK  AL	VES NO NO NO COUNTY STATE
220. I certify the Dithis hospital) attended the deceosed from 19 8 a 127 19 8 ond that in Discourse (Juve) (did) (did for host) view the body offer death.  22b. Signature  22c Address  Ronald E. Thomas, M.D.  23c BURIAL, CREMATION, REMOVAL 23b. DATE 12c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 1 270 100 100 100 100 100 100 100 100 100 1	retoined by the heightel is TO FUNERAL DIRECTOR. Should be aletached for use —If the State Dept. of Heil WADRIANT. If hem 21 is n	sow the deceased olive on 124 to 19 80 ond that in 19 80 ond that	MD 20657  ORY 1236 LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

eral Director Donald V. Borgwardt 250 DATE R 264, Box 34B, Port Republic, Maryland 20676 FEB 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Personal Parties and Personal Color Property . Distance and the - Carlo Mark Company Company Company Company Company  038005

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
CEASED NAME FIRS	T MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR	26 HOUR
	cille	JACKSON	January 31, 19	86	9:50A
X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	Negro	MONTH DAY YEAR 9 14	71 YRS.	ONTHS DAYS	HOURS MIN.
RTHPLACE (STATE OR FOREIGN		MARRIED NEVER MARRIED		OF DEATH	77
V.S.A.	V.S.A.	WIDOWED DIVORCED	Calvert		M
ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OF

IN FATHER'S NAME FIRST MIDDLE Smith IS MOTHER'S MAIDEN NA FIRST Mammie	AME MIDDLE Smith
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?  Md. Calvert Sunderland YES NO RE	Box 267, Pushaw Road

18 CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSED IMMEDIAT	y one couse per line for (a), (b), and (c), i BY: E CAUSE (a) ASPIRATION	PNEUMONIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	CEREBROVASCULAR	
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	ACCIDENT	

EGURGITATION E ZURE 150RD 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  VALUE OF INJURY OFFICE FARM. ETC.)  VALUE OF NOT WHILE OF INJURY  (INT HOME, STREET, FACTORY, OFFICE FARM. ETC.)			A 5 117 1 CO 1 1 1 1 1 1	YES NO NO		NO
WHILE NOT WHILE   IAT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN HEM	18 PART I OR PART 2)	
	WHILE NOT WHILE			CITY OR TOWN	COUNTY	

22a	I certify that (1) (this hospital) attended t	he deceased fram	. 19	a. ta 19_	8 5, that (1) (we) last
	saw the deceosed alive an abave, (1) (we) (did) (did not) view the body	y after death	, and that in (my) (aur) opinion i	death accurred an the date and have an	d fram the causes stated
22b.	SIGNATURE		DEGREE		22c. DATE SIGNED

A T Mund	ATTENDING MEDICAL STAF	AN 31186
22d. PHYSICIAN'S NAME (TYPE OF PRINT)	22e ADDRESS	

Anwar T. Munshi, M.D.

20678 Prince Frederick, Maryland

STATE

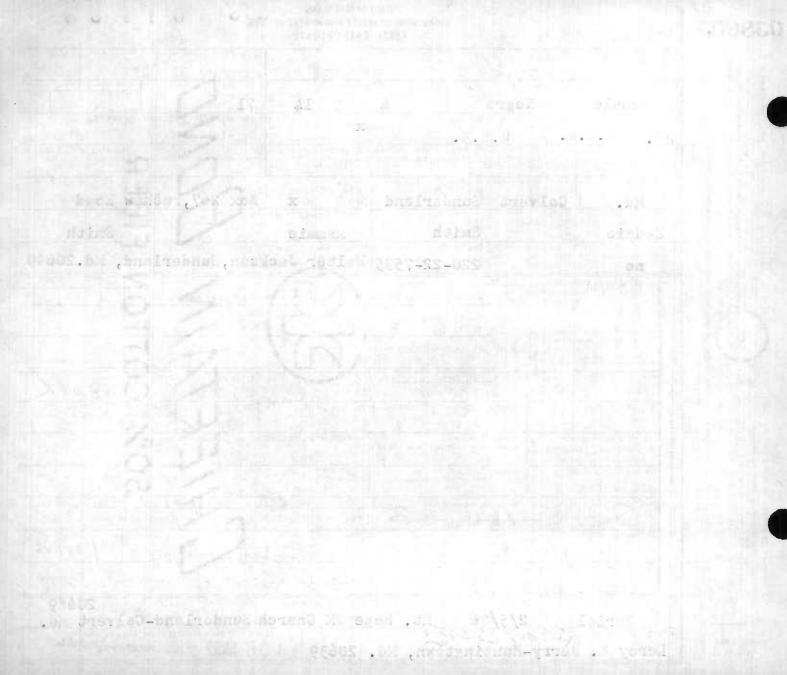
23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Mt. Hope VM Church Sunderland-Calvert Md Berry-Muntingtown, Md. 20639

BP.

(VRA 15, 4)

should be detached to with the State Dept of MPORTANT

DHMH - 16 60M 7/B4



DIVISION OF VIT

FOR - STATE

Maryland

CERTIFICATION

4. FATHER'S NAME

John

FIRST

(YES NO OR UNKNOWN)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

CERTIFICATE OF DEATH REGISTRAR LAST 20. DATE OF DEATH MONTH DECEASED NAME 2b. HOUR (TYPE OR PRINT) Sus1e 18 86 2:40 Jones 3. SEX 4 RACE 5. DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR 31 1914 Female. Negro Jan. TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

WIDOWED DIVORCED | Maryland O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Chesapeake

LAST

Prout

166 SOCIAL SECURITY NO.

Calvert 12a USUAL OCCUPATION 126. KIND OF BUSINESS ITYPE OF WORK FOR MOST OF WORKING LIFE) House-Wife

Prince Frederick Calvert Memorial Hospital USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONE 13b. COUNTY

Calvert

MIDDLE

(IF YES, GIVE WAR OR DATES)

13c CITY OR TOWN Beadhod INSIDE CITY LIMITS? YES 🗌 NO [

15 MOTHER'S MAIDEN NAME

3218 Reaver Dam Rd. MIDDLE

FIRST Susie Morse 11 ADDRESS 17 INFORMANT

13e.STREET ADDRESS / ZIP CODE

No Zelma J. Brooks P.O. Box 56 Lusby, Md APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I DEATH WAS CAUSED BY: anna Chaiosol mon IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Coromi Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

90 DATE OF OPERATION

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? NOF

MEDICAL

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES |

20732

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

71d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) this hospital) attended the deceased fram

saw the leasted alive on abave (1) we) (did) (did no) view the bady alter death.

211 LOCATION STREET

Ola and that in my

STATE

226 SIGNATURE

(SPECIFY)

ATTENDING.

221 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN

Calvert

226. PHYSICIAN'S NAME, TYPE OR PRINT

Burial

22e ADDRESS

DEGREE

(our) apinian death occurred an the date and hour and from the couses stated

230. BURIAL CREMATION, REMOVAL 23b. DATE

Prince Frederick, Md. 236 NAME OF CEMETERY OR CREMATORY St. Edmonds Chr. Cem.

Sunderland.

STATE

DHMH - 16 60M 7/84

BP

ORTANT

ld b

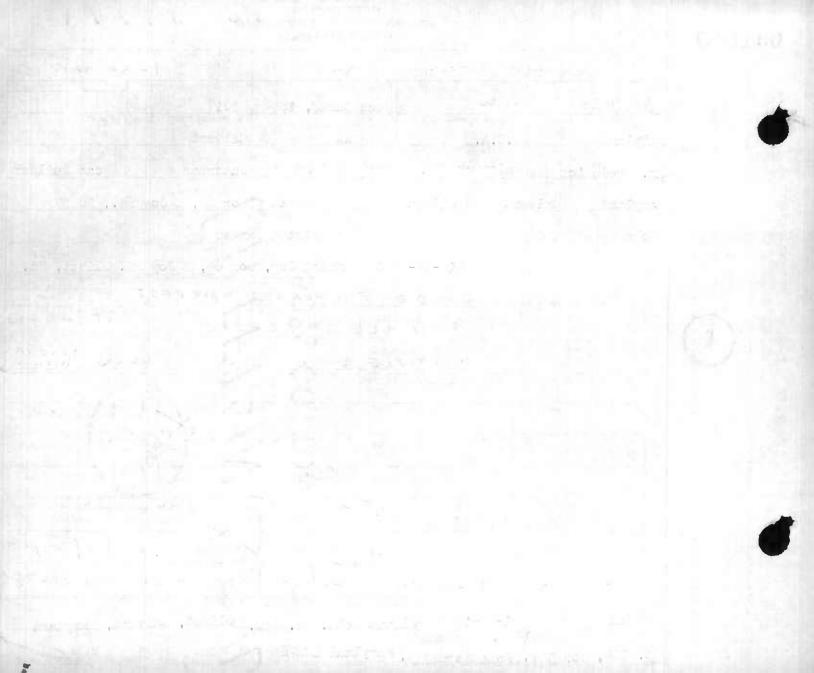
24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Spencer E. Sewell Box 31 Prince Frederick, Md.

(VRA 15, 4)

0/1880 in this property is the feat and in the sale of the feat and in the least of the le

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 041010 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH 2h HOUR (TYPE OR PRINT) 26 Zachariah Winbon Jov 4 RACE 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH DAY White Male 1884 December 28 BIRTHPLACE ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWEDKK DIVORCED Calvert arvland ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Calvert Co. Nursing Center Waterman Boat Builder DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Box 65. E Joy Rd.. Calvert Olivet NOKK arvland M FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Henrietta Parker John Benedict Jov 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 216-05-8400 Ernest Joy, Box 64, E Joy Rd. Olivet, Md. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ARREST PART I. DEATH WAS CAUSED BY PULMONARY CARDIO -IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF SEPSIS POSSIBLE Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause MULTIPLE LARGE DECUBITUS ULCERS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO F 710. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 71d. INJURY OCCURRED 71e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK AT WORK Fela 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an\_ and that in (my) (our) opinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Munst. FUNERAL 72d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS EREDERICK MD 20678 PRINCE ANWAR MUNSHI. 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (SPECIFY) STATE Buria. Olivet, Calvert, Maryland Olivet Meth. Ch. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Donald V. Borgwardt DHMH - 16 50M 1/76 (VR A 15 (4)) 264, Box 34R, Port Republic, Maryland 2067



FOR - STATE

DEPA

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE	6	0	i	1	7	2
CERTIFICATE OF DEATH						

		REGISTRAK			CERTI	TEATE OF DEATH	REG. N	10.		
6			RST	HODLE	l l	LAST	20 DATE OF DEATH	HINOM	DAY YEAR	2h HOUR
	(TYPE	OR PRINT!	ilmoth	Doyle F	Paulott I	KING	January	29, :	1986	12:50P
	3 SEX	χ	4 RACE	DOATE L	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	TT TOOM
	3 02,				MONTH	DAY YEAR	0-	,	MONTHS DAYS	HOURS MIN.
1	2	female	whi:		June	30 1904	81	YRS.		
		RTHPLACE (STATE OR FOREH	GN 76 CITIZEN	OF WHAT COUN	ITRY? 8.	D M NEVER MARRIED	9 BALTIMORE CITY	_	Y OF DEATH	
1	W	ashington DO	USA	A	WIDOWE		Calver	t		MD.
1		TY OR TOWN OF DEATH	11. NAME	OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
1	Pri	nce Frederic	k Cal	ert Me	morial	Hospital	Sales	OF WORKING L		estate
	USUA	AL RESIDENCE (IF NURSING F		1 4			Pares		1 Cal	CBOACC
9			111111111111111111111111111111111111111	A.C.	_	136 INSIDE CITY LIMITS?	13e STREET ADDRESS			00001
			me Arund	ell Dunki	rk	YES NO X	Eleanor A	ve. F	airhavei	1 20754
1	19 FA	THER'S NAME FIRST	MIDDLE	LAS	ī	15 MOTHER'S MAIDEN NA	WE		LAS	51
(	Н	arold	E.	Doyle		Gertrude	. A.		Doyke	
1	16a W	VAS DECEASED EVER IN L			SECURITY NO.	17 INFORMANT	ADDR	ESS		
	(1	res. no or unknown) (if	n/a	577 1	4 5631	Wells P. Kir	ng same as	#13		
3							1	11-5	APPROX	ONSET AND DEATH
		18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED BY:	RO		Jana Ala	Fern		BETWEEN	ONSET AND DEATH
		(MA	MEDIATE CAUSE (0)	115	MILO	240LJ 14L	100			
			DUE TO	OR AS A CON					9	-00.0
	-	Canditians, if ony, wh		0	neum	100100			7	4472
	134	gave rise to immedicause (a), stating		OR AS A CONS	SEQUENCE OF				1	1
		underlying cause la	ost (c)	-	-Ura	muss				weeks
		PART 2 OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	ADITION GI	IVEN IN PART 1	0
	NO N	CRET	r bro v	recul	IN C	Queall-				
à	CERTIFICATION	190 DATE OF OPERATION	1 19b.CO	NDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDI	
	IFIC						YES TO NOT		IFYING CAUSES	OF DEATH?
5	ERT	210 ACCIDENT WAS UNDERLY	ING   21h TIM	E OF INJURY		21c. HOW INJURY OCCUR				NO []
1		OR CONTRIBUTING CAUSE	LIOUR	A.M. MONTH	DAY YEAR		TEMPER MANUAL OF INS	JA 114 11 (14 14	7 8 1 0 8 7 3 8 1 2 7	
	ICA	(IF EITHER NOTIFY MEDICALE		P.M.	19	TANK A OCCUPATION I				Net le
	MEDICAL	21d INJURY OCCURRED	LAT HOM	CE OF INJURY	FFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
		AT WORK NOT WHILE								
		220.1 certify that (1) (this	haspital) attended	the deceased f		20 , 19 86	10	7		that (I) (we) last
		se deceased o	live on	adu atter death	19 26 ar	nd that in (my) (aur) apinian i	death accurred on the c	tote and ho	our, and from the	causes stated
		77h RIGNATURE	ad har wiew me or	dy differ death.		DEGREE	/		22¢ DATE	SIGNED
		10- A	11/1	~ W		ATTENDING	MEDICAL STA		1-	30-86
_		22d. PHYSICIAN'S NAME	CHA DE SENT			22e ADDRESS	DIRECTOR PHYSI	CIAN		7 0,0
		Consol	NPSCh	40				207	26	
		Ci cuy c	00011	-		Owings, M		207	30	
	11	URIAL, CREMATION, REM		0.00		EMETERY OR CREMATORY	23d LOCATION	T	COUNTY	STATE
	bu	rial	feb	3 86	Rock	Creek Cemeter;	y Washing	ton L	C	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

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Rausch Funeral Home Owings Md

FEB 05 1986

Security of Study by Court of District (Study) the free a feed Sta Crack Long to Contract 1. Ely on synt mile . A p. Line . A p. Line

Port Republic, Maryland 20676

(VRA 15, 4)

STATE OF MARYLAND

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-	STATE	
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

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036082	1 -	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  CERTIFICATE OF DEATH  REG. NO.								4
. 85		On now the	FIRST	٨	WIDDLE		AST	20 DATE OF DEATH		24		26. HOUR P
oy be			ecca		Sedwick		och	4.465			&	155 M
of poster			4	4 RACE		January 3. 1887		IV.		IF UNDER	DAYS	HOURS MIN.
11111	_	male	PEIGN 71	White	WHAT COUNTRY?	Janu	ary ), 1007	99 9 BALTIMORE CITY O	YRS	OF DE	ATH	
Part of the same	Maryland			U.S.A.		MARRIED NEVER MARRIED WIDOWED NORCED		Calvert				
50	TO CITY OR TOWN OF DEATH rince Frederick (			11. NAME OF HOSPITAL, NURSING HOME OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Calvert House Corporation				120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWITE HOMEMAKET				
( G )	3. SESTINE A LEW 21 is morked or flem 18 shows only injury, or other troumotic event, the mindfall are the mindfall and the mindfall are the m	AL RESIDENCE (# NURSING HOME OR OTH STATE 136 COUNTY ryland Calve:				13d INSIDE CITY LIMITS?						
1/1/		THER'S NAME  njamin Sedw		MIDDLE LAST Agnes First eters								
Topo object	14a V	VAS DECEASED EVER IN	U.S. ARM	WAR OR DATES)	217-52-6		17 INFORMANT Mary Maynard		ss Sin			Dr.
equires that the death certifical is signed by the attending phy. Then please remove carbango in to burial, cremation, ar removinjury, at other traumotic event	NOI	Conditions, if ony, gove rise to imme couse (o1, stating underlying couse	S CAUSED  MMEDIATE  which ediote the lost	DUE TO, OI	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI		EN IN F	'ART Ito	
he lo on hos r per ene l	TIFICAT	19a DATE OF OPERATION	ИС	196 CONDI	ITION FOR WHICH	N WAS PERFORMED	20a AUTOPSY? YES NO				GS USED OF DEATH?	
g physical principle of the physical principle of the physical phy	0	210 ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATE	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM IS P	ART I OR I	PART 2)	
	MEDIC	21d INJURY OCCURRE	D	21e PLACE			211 LOCATION STREET	CITY OF TO	wn	COL	INTY	STATE
TENDINI ntal ar of TOR: Aft or use as of Health		22a.1 certify that (1) (t	this hospito	,	19	12/	02 , 19.79 d that in (my) (our) opinion o	to 01/24		19 <u>.86</u>		that (1) (we) lost
The contract of the contract o		oboye II (we) (die	DE	en	offer deoth.		DEGREE	MEDICAL STAF	F	-	1/23	1
	23a. E	URIÁL, CREMATION, RI	EMOVAL	23b. DATE	23€. №	IAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNT	Y	STATE
BP		emation UNERAL DIRECTOR	Danal	1-27-1		ropol	itian Cremato	ry Arlingto		irf		Virginia.
DHMH - 16 60M 7/84 (VRA 15, 4)	Rt		Jonal 34B,	Port R	rgwardt Republic,	Mary!	land 20678FFF		Y 0 "		1	andell.

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3	STATE OF MARYLAND  1 - STATE REGISTRAR  Frank John Mrkva  STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE CERTIFICATE OF DEATH  REG. NO.										5
M		EASED NAME FIRST	MIDDL		LAS			20 DATE OF DEATH	MONTH DAY	YEAR 2b. H	
VII		/· Johi		ank			Sr.		01/01/86		45A
3	SEX	Tariff Bright Co.	4 RACE		5. DATE OF	BIRTH	YEAR	6 AGE (IN YEARS LAST B	RTHDAY) IF UNDE	DAYS HOUR	DER 24 H
11	Ma	le	White		April		1928	57	YRS		
16		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	8 MARRIED	☐ NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY OF DE	EATH	
7	Pe	nnsylvania	U.S.A.		WIDOWED	XX D	NORCED [	Calvert			
16	0 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSE			OTHER INS	TITUTION	17a USUAL OCCUPA		KIND OF BUSI	INESS
1	rir	nce Frederick	Calvert Me	emorial	Hospi	tal		Passport I	ept. St	tate De	pt.
1	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF	PROTHER INSTITUTION GIVE	RESIDENCE BEFORE	ADMISSION)	34 INSIDE	CITY LIMITS?	13ª STREET ADDRESS	/ 7IP CODE		
1		yland Calv		. Frede		YES [	NO 🛣	13. STREET ADDRESS 4024 Cass	ell Bldv.	, 20678	
1	4 FA	THER'S NAME	WIDDLE	LAST	1	5 MOTHER	S MAIDEN NA	ME		LAST	7
7	Jo	hn Mrkva	MIDDLE	inst		Joseph	nine Ko	zumplik		LAST	
2 1		AS DECEASED EVER IN U.S. A		SOCIAL SECU	RITY NO.	17 INFORM	ANT	P.O.Bex	E1189		
	Ye		0-1952 20	08-20-0	342	Greg 1	Brittai	n, Prince I	rederick	, Md. 2	.067
	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  O U. T. 9	DUE TO, OR AS	605	EATH BUT N		D TO THE TERM	e tone	ion	7-8	
9	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH	OPERATION	WAS PERF	DRMED	20a AUTOPSY?	206 IF YES, WER IN CERTIFYING YES		EATH?
42.	_	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI			Y YEAR	21c. HOW II	NJURY OCCUR	RED (ENTER NATURE OF IN.	URY IN ITEM 18 PART I OR	RPART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF IN			211 LOCATI		CITY OR I	OWN CO	DUNTY	STAT
		220 I certify that (I) (this has		ceosed fram_				, to	. 19	, that {	) (we)
		saw the deceased alive o abave, (1) (we) (did) (did n	nat) view the bady afte	death.	and	that in (my	) (our) apinian	death accurred an the			
8		22b. SIGNATURE	P.SU	wh		PEGREE ク・D.	ATTENDING PHYSICIAN	MEDICAL ST.		1-1-8	
		Mahesh Shah, M.				22e ADDRE	SS				
	23a B	URIAL, CREMATION, REMOVA			AME OF CE	METERY OR	CREMATORY	23d LOCATION			
	Bi	irial	1-3-198	6 Re	surrec	ction		Clinton	ACT WEST	Jake Hall	and
B4	24. FU	NERAL DIRECTOR	ald V. Borg	t for our		NIG.	25a. DAT	E REC'N BYRESISTE	IN HESTERNS	SIGNATURE	
		NAME DOIL	Port Ren	S W 20 ETTER TO		- 1 . 1		01111			

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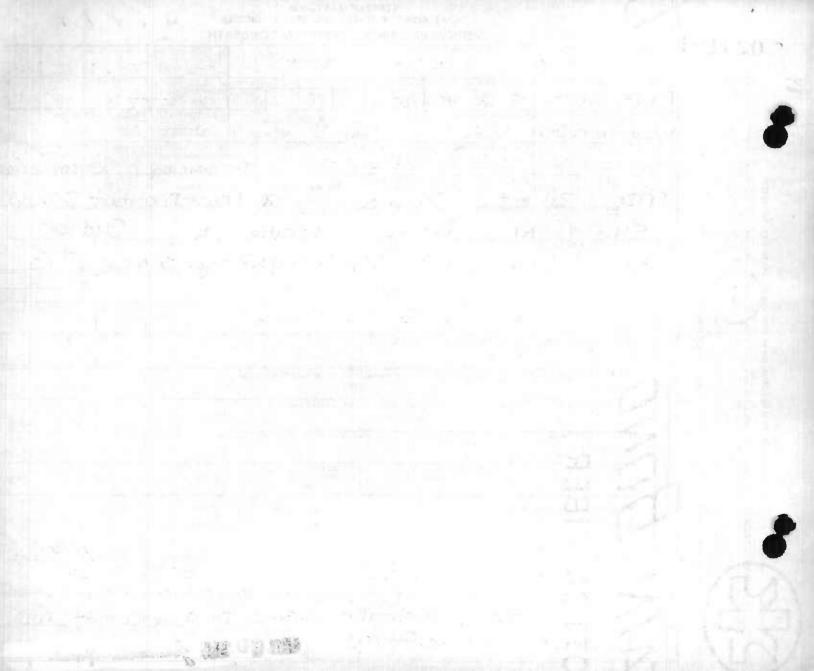
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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12000		REGISTRAR					CERTIF	CATEOF	DEATH		REG. N	NO.			
12073		CEASED NAME	FIRST	0	WIDDLE		L	AST	HUITE	20 DATE O	FDEATH	MONTH	DAY	YEAR 26.	HOUR
deoth	, , , , ,		BETT	Y V		PAT	TERSO	N			16	Jan.	29	1985	_1800on
r. po	3. SE			4 RACE			5. DATE O	FBIRTH	VF A P	6 AGE (IN)	rears last b	IRTHDAY)	MONTHS		UNDER 24 HRS
urs of		female		whit	е		Oct	28 DAY	1928	57		YRS.			
# 35	7a. BI	RTHPLACE ISTATE ON F	OREIGN	76. CITIZEN OF USA	WHAT COL	JNTRY?	MARRIEI WIDOWE		MARRIED DIVORCED			OR COUNT			MD.
11/19	10. ⊂	TY OR TOWN OF DEA	ТН	11. NAME OF	HOSPITAL,		G HOME O		-	12a LISUAL	OCCLIPA	TION OF WORKING	126	KIND OF BUUSTRY	USINESS OR
是 [		ince Frede						spital					1	retail	
199	13a S	AL RESIDENCE (IF NURS	136 COUN	vert	13c. CITY C North	OR TOWN	N	13d INSIDE YES	CITY LIMITS?	13e STREET	ADDRESS Stree	t 207	DE 124		
100017		THER S NAME		MIDDLE		LAST		IS. MOTHER	R'S MAIDEN NA	ME	MIDDLE	-	7,1	LAST	37 3
1880	Ck	arles		A .	Ride	geway	7		Anna		R.		Cla		
p = 9 /		VAS DECEASED EVER		MED FORCES?	166 SOCI			17_INFORM	MANT		ADDI	RESS		55 of	0.37 1100
00 1/		nů	n/a	E WAR OR DATES!	579 3	32 98	387	Debo	rah Kay	Patte:	rson	same	as	<b>#1</b> 3	
MTS.		18 CAUSE OF DEAT	H (Enter or	nly one couse pe	r line for 101	, (b), one	diciti L	1	1				8	APPROXIMATI	T AND DEATH
[ A B E ]		PART I. DEATH W		D BY: TE CAUSE (o)	Re	Soi	rath	MA	rrest				1	Smi	и .
( 18 9 B)				DUE TO C	R AS A CO	NSEQUE	NCE OF	1,,	,		10	3		1 1	
1111		Conditions, if ony,		( (b)_	Par	9016	sure	Hypo	xia h	yper co	und	a		Ink	
rem eme	d	gove rise to imm couse (a), statin	nediate g the	DUE TO, C	R AS A SO	NSEQUE	NCE OF	- 11	A .	11 _	1	12	111	~	
by Pose ol, cr r oth		underlying couse	lost.	(c)_	(2)	119	ma	in bro	nchus	caran	mai	J hen	2	24	3
burnel o . y.	_	PART 2 OTHER SIGN	NIFICANT (	CONDITIONS C	ONTRIBUTI	NG TO D	EATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEAS	E OR CO	bitiON G	ENINE	PART Ito	
The The or to	ě	(R) lu	ng o	telect	rsis	10	Ceura	eff	win						1115
permit son)	CERTIFICATION	190 DATE OF OPERAT	NOI	196 COND	ITION FOR	<b>∜н</b> і∉н (	OPERATION	WA PER	ORMED	YES T	NO X	IN CERT		FINDINGS AUSES OF	
Hygin Hygin	W W	71a. ACCIDENT WAS UND	ERLYING					21c HOW	INJURY OCCUR						- 6:1
Total and a second	16	OR CONTRIBUTING		NIN .	.M. MON .M.	TH DA	Y YEAR								
Mer	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY			211 LOCAT	ION						
and ond ked	X	WHILE NOT WH	IILE 🗌	(AT HOME ST	REET, FACTORY	OFFICE FA	ARM, ETC )	STRE	ET		CITY OR T	OWN	(0)	UNTY	STATE
se as colth mor		220 1 certify that (I)		tal) ottended th	ne deceosed	from_		27	19. 86	. to	1-20		19 8	C that	(I) (we) last
or und He		sow the decease	ed alive on	1.2	9	19	86 , on	d that in (m	y) (our) opinion	death occurre	ed on the	date and ha	out and fi		
REC ted f		obove, (1) (we) (c	IId) (did no	the view the body	offer death	n.		DEGREE						DATE SIG	
e De		Role	d	N-lal	are	1.11	1		ATTENDING	MEDICAL		AFF		1-79	1-80
should be deto with the State		124 PHYSICIAN SNA	ME THINK	PHYSICIAN DIRECTOR PHYSICIAN 1							Y				
P. P		R. Schla	ager		0										
0 4 3 ¥	73a F	BURIAL, CREMATION,		23b. DATE		123r N	IAME OF C	METERY OF	CREMATORY	123¢ LOC	ATION	~~			
		burial		feb 1	1986				tional	CITY	or town	PC	Morn	yland	STATE
300 3	_	JNERAL DIRECTOR				, ab		211 1101		E REC'D. BY F					
- 16 60M 7/84 (RA 15, 4)		Rausch	Fune	eral Hom	ne Ó	wing	s Md			OF 10	106			Mand	
1	4			J		0			BITS TOWN THAT	THE RESERVE TO SERVE	THE RESERVE OF THE PERSON NAMED IN		THE RESERVE TO SHARE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	er .

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN | MONTH (TYPE OR PRINT) Fuller David PERRY DEATH MATED 14 19 86 Jan. 4 RACE 3. SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE YEAR DAY LAST BIRTHDAY) PRONOUNCED 20 2:45p 40 DEAD January 14 10861 76. CITIZEN OF WHAT COUNTRY 1. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED NEVER MARRIED Calvert washington WIDOWED [ DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Calvert Memorial Hospital FOR MOST OF WORKING LIFE) echinician Communication USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET ADDRESS 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 17. INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Acute Cardiac Arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Coronary Artery Disease Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 3 NO T 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 71d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT NOT WHILE STREET, FACTORY, FARM FTC 1 CITY OR TOWN COUNTY EXECUTE THE CERTIFICATE.
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AF DOE HIS WITH THE SIX
BA 22a I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Undetermined manner Prince Frederick, Al-BAnna, M.D. EXAMINER'S NAME Emad TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATOR Southern Memorial Gorden BP 24 FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5) 20M 4/82



TO HOSPITAL

BP. DHMH - 16 60M 7/

(VRA 15, 4)

036080

1 - STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH		, NO.	1 /	10
1 DECEASED NAM	FIRST	7	MIDDLE	L/	AST	20 DATE OF DEAT		DAY YEA	R 2b HOUR
(TYPE OR PRINT)	Raymond	S	crivner	Ro	wlings, Sr.		01	28 80	5 7:34
3. SEX	· lagranta	4 RACE	DOCFFECE	5. DATE O	-	6 AGE (IN YEARS LAS		IF UNDER 1 Y	
Male					DAY YEAR	60		MONTHS D	ATS MOURS
70 BIRTHPLACE (	TATE OR CORECON				. 28, 1916	9 BALTIMORE CIT	Y OP COLL		4
COUNTRY	TATE ON PONEIGIA		WHAT COOKIN	MARRIED				INTO DEAT	
Maryland II CITY OR TOWN	OFDEATH	U.S.A.	HOSBITAL MILIES	WIDOWE	D DIVORCED DIVORCED	Calver		Tink Mik	ID OF BUSINESS
Prince Fr		LIF NOT IN SU	CH FACILITY, GIVE STREE		K OTTEK INSTITUTION	(TYPE OF WORK FOR ME	ST OF WORKIN	G LIFE) INDUST	TRY
USUAL RESIDENCE		OTHER INSTITUTION	nt House	RE ADMISSION)		Self Emp	Loyed	ber	vice Sta
Maryland	Calv	ITY	134 CITY OR TOV		136. INSIDE CITY LIMITS?	Rt. #1,	SS/ZIPO	ODE 1, 2067	8
14 FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA.	ME			LAST
William R					Ida Scrivner				
160 WAS DECEASE		MED FORCES?	166 SOCIAL SEC		17 INFORMANT	AC	DRESS		( F. T.)
Yes	WW	II	218-05-6	5128	Louise L. Ra	wlings, S	ame as	5 # 13	A-E
PART 2 OTH PART 2 OTH 19a DATE OF 21a, ACCIDENT	ER SIGNIFICANT C	ONDITIONS S	TO, OR AS A CONSEQUENCE OF  ICT.  INS GONTRIBUTING TO DEATH BUT NOT RELATED TO THE TI  A TOTAL CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20b. IF	YES, WERE FIN	TO THE
THE LEGISLATION OF THE PERSON						YES X NO	_	YES	NO [
OR CONTRIBUTE	WAS UNDERLYING UNDERLYING CAUSE OF DEA			AY YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR PART	1 2)
OR CONTRIBUTION		21e PLACE	OF INJURY		211 LOCATION		RIOWN	COUNTY	
WHILE AL WORK	NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE	FARM ETC )	STREET	CHYC	RIOWN	COUNTY	STAT
22a.1 certify		tol) attruded th	ne deceased from.	12/10	19 80	10 01/20	}	19 86	that (I) (we
sow the	that (1) (this hospi eceased alive an (we) (did) (did no	01/2/	ntter death	86 , on	d that in (my) (our) opinion	death accurred on th	e date and	hour and from	the couses state
22b SIGNA	11/	New the body	grier death.	[	DEGREE			22¢ D	ATE SIGNED
1	HAR	en	wo	>	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	0	1/28/86
	N S NAME TYPE O				22e ADDRESS		11.43		
Geo:	rge Weer	ns, M.	D.		Prince Fre	ederick,	Mary	rland	20678
230 BURIAL, CREM.	ATION, REMOVAL				METERY OR CREMATORY	236 LOCATION		7.15	
Burial		1-31-	1986 Sc	outher	n Mem. Garden	s Dunkirk	Cal	vert, M	aryland
24 FUNERAL DIREC	TOR Dona	ld V. B	orgwardt			E REC D. BY REGISTI			
Rt. 264.	D. Olin	23 1 75	ADDRESS	377	and 20676 FEE	3 03 1986	delia	Nouida .	- Randelle

STATE OF MARYLAND

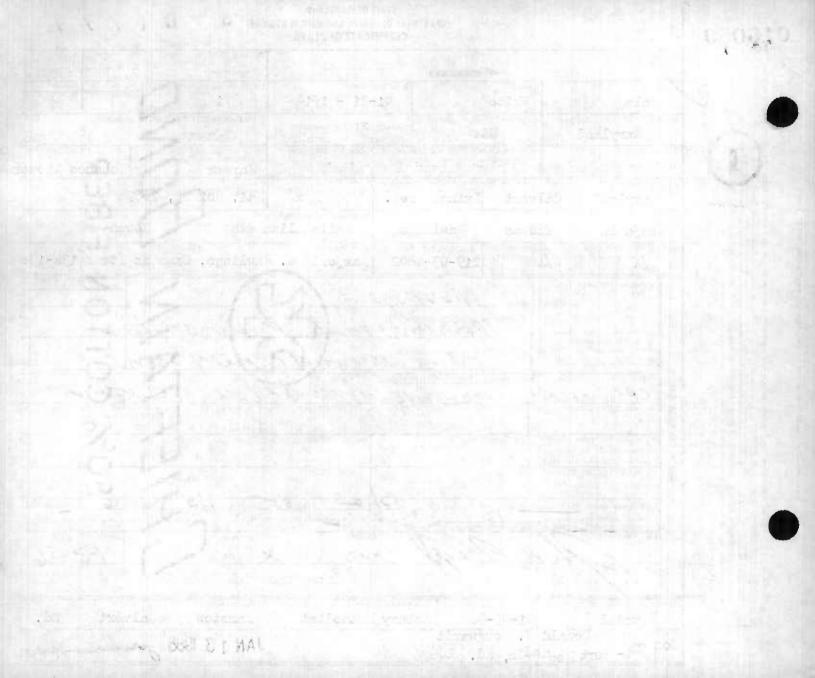
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STATE OF MARYLAND

#1.per F.H. 1/23/86 kzm

FOR

(VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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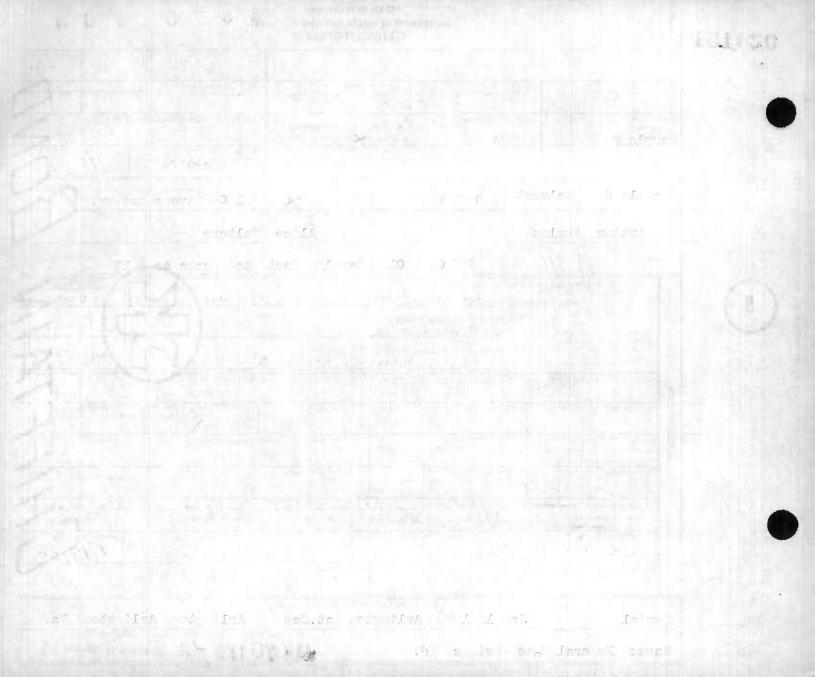
		CEASED NAME	MILDR	ED HURL	OCK	SARD	AST		20. DATE OF DEATH	MONTH	12	YEAR 86	26 HOU 8:3	BOp.
	3 SE)	FEMALE		4 RACE WHIT	3	5. DATE C		'06	6 AGE (IN YEARS LAST	BIRTHDAY) YRS.	IF UNDE		IF UNDER	R 24 HRS MIN.
	(	RIHPLACE (STATE OR F COUNTRY) rvland	OREIGN	USA	WHAT COUNTRY	MARRIE		ORCED	9. BALTIMORE CITY CALV	ERT				MD
1		FREDERIC			CVERT STM				120 USUAL OCCUPA (TYPE OF WORK FOR MOS HOUSEW			KIND O	F BUSIN	ESS OR
7		aryland	130 HOME OF		GIVE RESIDENCE BEFO 13c CITY OR TOV Dunkirk		13d INSIDE CIT	Y LIMITS?	13. STREET ADDRESS	s / zip cou versh	ore G	20	1/2	54
	)4 FA	Anthur	Hu <b>rl</b> c	midole ck	LAST			Alice	Walters			LAST		
1	16a V	VAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	577 09	4601	Caroly			ress ne as 7				
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	nly one couse per D 8Y. < TE CAUSE (a).	Respin	1	1 Arre	st / S	terdostr		8	APPROXI	MATE INTE	PVAL DEATH
Ē		Conditions, if any,		DUE TO, OI	Preum	-			ė.			0	ay	5
E.		gove rise to imm couse (o), stofin underlying couse	g the	DUE 10, OI	May mu	JENCE OF	m/An	wext	a		1 2	M	nt	hs
	NOI	PART 2 OTHER SIGN	NIFICANT (	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	O THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN F	PART 10		-
	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	IN CERT	ES, WERE FIFYING C YES [			TH?
7		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DE	AIM .	M. MONTH	DAY YEAR	21¢ HOW INJ	URY OCCUR	RED (ENTER NATURE OF IN	IJURY IN ITEM 18	PART FOR	PART 2)		
	MEDICAL	21d INJURY OCCURE	RED	21e PLACE		FARM, ETC )	211 LOCATION	V	CITY OR	TOWN	COL	UNTY		STATE
		22a   certify that (i) (and happen) ottended the deceased from											that 🎉 (	
		obove, (1) (did not) view the body offer death.  22b. SIENATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (1)									220	DATE:	SIGNED	86
		GERALD	STERN	ER, M.D					CK, MD.	20678				
	230. B	SURIAL, CREMATION, (SPECIEV) Urial	REMOVAL		5,1986		ton Nat		23d LOCATION CITY OF TOWN Arlingt	on A	rling	ton	Va	STATE

24 FUNERAL DIRECTOR Rausch Funeral Home Owings, Md.

Arlington Jan 16,1986 Arlington Nat.Cem Arlington

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



Tt.em #6 G 613 3/21/86 CW

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STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

		REOBIRAR							REG. NO.			
		EASED NAME	FIR51	-	MIDDLE	-	AST	2	O. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR	
	TYPE	OR PRINT)	SANFOR	RD	<b>ASBURY</b>	1	VILLIAMS		1/17/86		2045P <sub>M</sub>	
	3. SEX	(		4. RACE		5 DATE C			AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
П	1	Male	-	White		3-2	5-1910 YEAR		75 YR	MONTHS DAYS	HOURS MIN.	
1	7a BIF	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y2 8		9	BALTIMORE CITY OR COU			
)	C	Maruland		U.S.	1	MARRIE	D INEVER MARRIED		CALVERT		MD.	
	10 CI	TY OR TOWN OF I				•	OR OTHER INSTITUTION	1	20 USUAL OCCUPATION	126 KIND C	OF BUSINESS OR	
1	PR	INCE FRE	DERICK	CALV	ERT MEM	ORIAL I	HOSPITAL	1	Waterman	Seai c	od	
1	13a. S	AL RESIDENCE (# N STATE ryland	136 COUN Calv	1TY	Broomes	NWC	134. INSIDE CITY LIMIT LYES NO 🛣	15?	3e.STREET ADDRESS / ZIP Co	ODE J	06/5	
4	14. FA	THER'S NAME	1	MIDDLE	LAST		15 MOTHER'S MAIDEN		MIDDLE	L/V	5]	
(/		Ernest	Villian	ns			Floren	ice		Elliot	t	
1		VAS DECEASED EV		MED FORCES?	16b. SOCIAL SE		17 INFORMANT		ADDRESS			
	(1	no	(16.163, 014	C WAR OR DATES	220-14-	8161	Cora E. Wi	llia	ams same as	#13		
	ATION		ny, which immediate of the use lost.	DUE TO, O	R AS A CONSECUTIVE TO THE PROPERTY OF THE PROP	QUENCE OF COLORS	4 Perfo	TERMIN	teric The try 4 Sur IAL DISEASE OR CONDITION Anemic	-11 Bow	eris	
1	ERTIFICATION	198 DATE OF OPE	KATION	176 COND	)ITION FOR WHICH OPERATION WAS PERFORMED				YES NO YES NO NO			
7	MEDICAL CER	21g. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY A 21d INJURY OCC  WHILE NO AT WORK	CAUSE OF DEA	HOUR A. P. 21e. PLACE	b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19  e. PLACE OF INJURY IT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21c. HOW INJURY 21c. HOW INJURY STREET			CCURRE	D (ENTER NATURE OF INJURY IN ITEM	(OUNTY	STATE	
		220.   certify that sow the dec- above, (1) (wo 22b. SIGNATURE	eased alive on	t) view the body	19	,	DEGREE	inion de	, to	hour and from the	that (I) (we) lost couses stated SIGNED	
1	-	004 011401014110	NAME		*	1000	PHYSICIA 22e ADDRESS	AN P	MEDICAL STAFF DIRECTOR PHYSICIAN			
		22d. PHYSICIAN'S	NAME (TYPE C	PRINT)				FRE	EDERICK, MD. 2	20678		
		BURIAL, CREMATIC (SPECIFY) Buri		23b. DATE 1-20-1			Island Cen		Broomes Islan	nd Calve	ertb "Md.	

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar ath

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

DHMH - 16 60M 7/84 (VRA 15, 4)

Box 34-B Port Republic, Maryland 20676 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE SAN 27 1886 Sulle Davidon-Rondelle

nathenung alan smellington, t.C. L. L. DECEMBER WATER Md. E Lalvert Humbinston | r-x | 5.0.8, Day 266-10, 20625 

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